FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S16541

(2)

1. Corporation	on Name & COMPAI	MV DA	• •	\ - /						
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	···									
Principal Place of Business Mailing Address							1 10011010 101 11010 0(101 01)(1 01)00 (1	at atale atale	/ EIEII 6/511 8/6	LET MINITE IN DE
SUITE 100 610 SOUTH I				SUITE 100 610 SOUTH BLVD.						
TAMPA FL 3	3606		TAMPA F	L 33806			DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualified			
2. Principal F	Place of Busin	ness	2e Mailin	g Address			12/04/1990 4. FEI Number		——————————————————————————————————————	police For
21			26	g / taarooo			59-3040795			pplied For lot Applicable
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.						Additional
22			27				5. Certificate of Status Desired	Ш	Fee R	lequired
City & Star	te		City 8	City & State			6. Election Campaign Financing			
23			28				Trust Fund Contribution Added to Fees			
Zip	Country 25		Zip	·		1	8. This corporation owes or has paid the current year Intangible			_ `
24		25 and Address of Cur	29	loont	[30]		Personal Property Tax due Juni 10. Name and Address of New R			_] No
			rent trogistered a	180111	81	Name	10, Italia allo Addiesa di New H	Alstered	Agein	
	EY, ROBERT	ı n.						··		
SUITE 100 610 S o uth Blvd.						Street Add	ress (P.O. Box Number is Not Accepta	ble)		
TAMPA FL 33606					83					
IAMEA EL 33000										
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.0	502 and 607 150	8, Florida Statu	tes, the abov	e-named corp	poration submits this statement for the		f changing i	ts registered
egent. La	registered age am f a miliar wit	ent, or both, in the St h, and accept the ob	ate of Florida. Suc ligations of, Section	n change was on 607.05 05 , Fi	authorized bi lorida Statute	y the corpora: s.	poration submits this statement for the tion's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE		·	-							
	Signature, typed	or printed name of registated		ble. (NO		ont signature requi	red when reinstating)	DATE		
12.	P	OFFICERS /	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND		· · · · · · · · · · · · · · · · · · ·
TITLE NAME	, ·	ODEOT II		L DELETE	1.1 TITLE				∐ Change	☐ Addition
	FREY, ROBERT H. REET ADDRESS 610 SOUTH BLVD.,#100			1.2 NAME						
CITY-ST-ZIP				1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						
TITLE	INMIAI			DELETE	2.1 TITLE	11-21P			Change	Addition
NAME					2.2 NAME				- Onling	
STREET ADDRESS					2.3 STREET	ADDRESS				
CITY-ST-ZIP					2.4 CITY-5	1				
TITLE				DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-\$T-ZIP					3.4. CITY-5	ST-21P				
TITLE				☐ DELET e	4.1 TITLE				Change	Addition
NAME					4. 2 NAME					1
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP	 			DELETE	4.4 CITY - S	T- ZIP				
TITLE				☐ DELETE	5.1 TITLE				∐ Change	L. Addition
NAME STOCET LEGISLES					5.2 NAME				•	
STREET ADDRESS					5.3 STREET					
CITY-ST-ZIP TITLE				DELETE	5.4 CITY-S 6.1 TITLE	1 - ZIP			Change	☐ Addition
NAME				LI DELL'IL	62 NAME				☐ Change	L. Addition
STREET ADDRESS					6.3 STREET	AUDOECC				
City-St-7iP					6.4 City C					ļ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachment with an address.

Ida

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FILED

Jan 21 1998 8:00am

Secretary of State